



LOCAL ACCESS CREDENTIAL (LAC) & PASS APPLICATION
DIRECTORATE OF EMERGENCY SERVICES (DES)
FORT LEAVENWORTH, KS
(Please Print Legibly)

APPLICANT INFORMATION										
LAST NAME			FIRST NAME			MIDDLE				
Date of Birth (day/month/year)			SS #		ID #		ID State			
ADDRESS					STATE		ZIP			
PLACE OF BIRTH								GENDER		
HOME PHONE						CELL PHONE				
VISIT INFORMATION										
VISITOR <input type="checkbox"/>			NON-MILITARY EMPLOYEE <input type="checkbox"/>				CONTRACTOR/VENDOR <input type="checkbox"/>			
DESTINATION										
IF A NON-MILITARY EMPLOYEE OR CONTRACTOR/VENDOR WORKING ON FORT LEAVENWORTH, PLEASE LIST YOUR EMPLOYER INFORMATION (Please include: the work site / location, Days/Hours access required and contract period of performance if any).			NAME OF BUSINESS / ORGANIZATION: _____							
			LOCATION: _____							
			DAYS/HOURS OF ACCESS: _____							
			SPONSOR INFORMATION: _____							
			ADDITIONAL INFO: _____							
VISIT DURATION		FROM ____/____/____ TO ____/____/____				PREVIOUSLY APPLIED FOR A PASS/LAC (Y/N)				
CRIMINAL HISTORY										
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME (OTHER THAN TRAFFIC OFFENSES) IN THE UNITED STATES OR ANY OF ITS COMMON-WEALTHS OR TERRITORIES?		(Y/N) If yes, please explain:								

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)										
AUTHORITY: 10 U.S.C. Section 3012										
PRINCIPLE PURPOSE(S): To provide the name, SSN, home address and telephone number to Fort Leavenworth security personnel who have the need to know in the performance of their official duties.										
ROUTINE USES: To Federal, State, and local activities for use in security background checks.										
DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a LAC or pass.										
FOR OFFICE USE ONLY										
CLEAR NCIC-III (Y/N)		CLEAR WANTS/WARRANTS (Y/N)				CLEAR BAR LIST (Y/N)				
CLEAR KANSAS HOT FILES (Y/N)		RECORD PRINTED (Y/N)				OPERATOR INITIALS				
APPLICATION COMPLETE <input type="checkbox"/>		APPROVED <input type="checkbox"/>				DATE APP RECEIVED				
SPONSOR APPLICATION <input type="checkbox"/>		DISAPPROVED <input type="checkbox"/>				DATE NCIC RUN				
ACKNOWLEDGMENT FORM <input type="checkbox"/>		REMARKS: _____				DATE COMPLETED				
BY _____		_____								